



# Annual Summation of Learning Activities

State Board for the Certification of Librarians

Kentucky Department for Libraries and Archives

## INSTRUCTIONS:

Complete this form annually.  
Attach *Learning Activity Reports* with supporting documentation.  
Keep copies for your files.  
Mail original form with original signatures to your Regional Librarian.  
Your Regional Librarian will validate and return all documentation to you.  
File carefully until ready to apply for renewal of certification.

I hereby certify that information provided below, including attachments, are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Regional Librarian

\_\_\_\_\_  
Date

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Middle

Library Where Currently Employed: \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip County

Date(s) of Activity D/M/Y	Name/Title of Professional Activity	Number of CRP's Earned	For Regional Use only
	Enter Total Certification Renewal Points Earned		